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PTO/SB/81 (11-04)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	PCT/EP2003/050349
Filing Date	July 29, 2003
First Named Inventor	Meis, et al.
Title	Computer Network With Diagnosis Computer Nodes
Art Unit	
Examiner Name	
Attorney Docket Number	GOTZF 145

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

002555

OR

☐ Practitioner(s) named below:

Name	Registration Number
Frank H. Foster	24,560
Francis T. Kremblas, Jr.	22,773
Jason H. Foster	39,981
Patrick P. Phillips	29,690

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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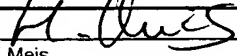
<input type="checkbox"/> Firm or Individual Name	Frank H. Foster				
Address	Krembla, Foster, Phillips & Pollick 7632 Slate Ridge Blvd.				
City	Reynoldsburg	State	Ohio	Zip	43068
Country	USA				
Telephone	614/575-2100	Fax	614/575-2149		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	19/08/2005
Name	Harold Meis	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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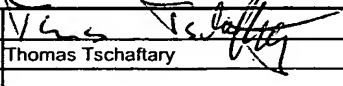
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SIGNATURE of Applicant or Assignee of Record

Signature		Date	11/08/2005
Name	Thomas Tschaffary	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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